

# CONTINUATION OF PAY (COP)

## CONDITIONS THAT MUST BE MET:

- The disability **MUST** result from a **TRAUMATIC** injury, **NOT** an occupational disease or illness.
- The technicians **MUST NOT** be specifically excluded by 5 USC 8101 (1) B or E. (If you have any question about this requirement, call your HRO Compensation Specialist for clarification.)
- The technician **MUST** be a citizen or a resident of the United States or Canada.
- The injury **MUST** have occurred on the agency's premises **OR** the technician **MUST** have been involved in performance of **OFFICIAL OFF-PREMISE** duties.
- The agency **MUST** have been reported on CA-1 within 30 days following the injury.
- The work stoppage **MUST** have **FIRST OCCURRED 45 DAYS OR LESS FOLLOWING THE INJURY.**

## GENERAL GUIDELINES:

- COP – Authorization to continue pay for a period not to exceed 45 calendar days in full-day increments, without charge to annual or sick leave, for an employee who has sustained a work-connected traumatic injury which is found to be temporarily disabling.
  - The authorization starts on the day after injury, when treated that day of injury, or first receives medical attention.
  - The technician must report the injury within 30 days from the date of the incident.
  - The technician becomes disabled from the injury within 45 days of the incident.

## **COP Worksheet**

### **Assumptions:**

1. Traumatic injury with DOI of 1/4/99 or later.
2. Notice of Injury was filed within 30 days of injury.
3. Maximum COP payable in any case is 45 days total.

### **Dates:**

- A. Date of Traumatic Injury (DOI) = \_\_\_\_\_
- B. 45 calendar days from DOI = \_\_\_\_\_
- C. 1<sup>st</sup> day of time loss. If administrative leave was used on DOI, use day after DOI as 1<sup>st</sup> day of time loss. Time loss may be the result of medical treatment or disability. = \_\_\_\_\_
- D. 1<sup>st</sup> return to work after initial period of cop usage. = \_\_\_\_\_
- E. 45 calendar days from Date D. = \_\_\_\_\_

### **To Establish Entitlement to COP**

1. Is date C before date B?  
YES: COP payable. Day after date C is 1<sup>st</sup> day of COP.  
Go to question 2 for other dates.  
NO: No COP payable.

For other dates:

2. Is date of COP usage between dates D and E?  
YES: COP payable.  
NO: Go to next question.
3. Has disability been continuous since date E?  
YES: COP payable.  
NO: No COP entitlement for that date.

References: 20 CFR 10.205 – 10.224

## Injury Compensation/COP Worksheet

Entitlement Period Ends: \_\_\_\_\_

Name: \_\_\_\_\_ DOI: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Injury Type: \_\_\_\_\_

Work Week: S M T W T F S Duty Hours: \_\_\_\_\_ Pay : \_\_\_\_\_

Claim Accepted? Yes No COP Authorized: Yes NO OWCP File: \_\_\_\_\_

SSN: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Attending Physician: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

### COP Log

COP Days	Calendar Date	COP Hours	Remarks	COP Days	Calendar Date	COP Hours	Remarks
1				24			
2				25			
3				26			
4				27			
5				28			
6				29			
7				30			
8				31			
9				32			
10				33			
11				34			
12				35			
13				36			
14				37			
15				38			
16				39			
17				40			
18				41			
19				42			
20				43			
21				44			
22				45			
23				Total	Hours:	_____	